Gerd W. Clabaugh, MPA Director

Kim Reynolds Governor Adam Gregg Lt. Governor

APPROVAL/RENEWAL OF APPLICATION FORM

Complete the renewal form and return it to the attention of Karin Ford, CHC, at Iowa Department of Public
Health, Division of Behavioral Health, Lucas State Office Building –6 th Floor, Des Moines, Iowa 50319-0075.
Please direct questions to Karin.Ford@idph.iowa.gov or 515-242-6336.
Applicant Organization/Individual
Address
City/State/Zip
Contact Person
Phone
E-Mail
List corporate links if applicable
f you are approved to use a curriculum developed by another provider, whose curriculum are you using and what is the approval number of that curriculum? Example: the curriculum developed by the Iowa Department on Aging is #19, the curricula from the University of Iowa is #94, Regional Health Education is #137 or #138, etc
Fraining Topic (✓) Child Abuse Dependent Adult Abuse Combination
Your Original Approval Number Your Original Approval Date
Approved curriculum holders should use current resources that can be found on the Iowa Department of Human Services website, the Iowa Department of Inspections and Appeals and the Iowa Department of Public Health, Iowa Code 235E and Administrative Rules Chapter 52. Your curriculum must reflect the changes in the code as they pertain to your target audience.

If you are providing the <u>combined child and dependent adult abuse curriculum</u> , is the information contained in your curriculum current?	
Yes No NA (Not Applicable)	
If you are providing only the <u>child abuse curriculum</u> , is the information contained in current?	your curriculum
Yes No NA (Not Applicable)	
If you are providing only the <u>dependent adult abuse curriculum</u> , is the information of curriculum current?	contained in your
Yes No NA (Not Applicable)	
Your signature certifies that you are aware of the changes in the Iowa Code and hav changes into your curriculum.	e incorporated the
Applicant Signature	
Applicant TitleDate	